



Tennessee Department of Children's Services
Notice of Child Death/Near Death

Case # 2013.129ph

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	11/24/2013	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	11/22/2013		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	Hispanic or Latino	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	unknown		Relationship to Victim:	unknown		
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	██████████		
If child is in DCS custody, list placement type and name:						

Describe (in detail) circumstances surrounding death/near death:

This will serve as notification that the ██████████ Medical Examiner's Office is investigating the death of ██████████ ██████████. This 4 month old infant was found unresponsive on an adult bed at about 2200 hrs on 11/22/13. Paramedics from ██████████ Fire Department confirmed asystole at 2245 hrs at ██████████ and death was pronounced at 0135 hrs by Inv. ██████████. A scene investigation was conducted by this office and the ██████████ Police Department and the decedent's remains were transported to this office for autopsy. The cause/manner of death are pending at this time. The mother's name is ██████████ (DOB ██████████ SSN ██████████). The decedent was sleeping on the bed while his father

If this is a near death certified by a physician, identify physician by name and provide contact information:

Name of Physician:	██████████	Telephone #:	██████████
Street Address:	██████████	City/State/Zip:	██████████

Describe (in detail) interview with family:

On 11-24-13, The mother, ██████████ reported that on 11-22-13 4 month old baby; ██████████ was teething and had ear infection because she was pulling on her left ear. ██████████ stated that she gave ██████████ some Ibuprofen at 6am, 12pm and 6 pm. Last feeding was at 7:30 pm. ██████████ reported that ██████████ threw up 30 minutes later and she cleaned her mouth and nose and she was fine. ██████████ was on a pillow at the foot of bed and father, ██████████ was at the head of the bed watching TV. The father ██████████ speaks Spanish but mother translated that he reported the baby started to choke so he ran next door to get ██████████. ██████████ reported that she had been at the neighbor's house for about an hour and a half. ██████████ stated that she and neighbor came to the house. ██████████ moved the baby from the bed to sofa in living room and told neighbor to call 911 and she started CPR. ██████████ stated that baby was choking and had purple stuff coming out of her mouth and nose. She stated that she used a suction to try to remove fluids from baby mouth but could not get it all. She reported EMS took 10 to 15 minutes to arrive. ██████████ stated that she worked on baby the entire time and when EMS arrived the baby was still choking and throwing up purple stuff. ██████████ stated that she believes the purple stuff was the medicine, milk and a purple Popsicle she gave baby to help with teething.

██████████ stated that she purchased a small bottle of Ibuprofen flavored grape on Friday for ██████████ teething and ear infection and when she ran out she used another bottle of Ibuprofen that belonged to ██████████ (19 month). ██████████ showed this Investigator the second bottle of Ibuprofen 4oz flavored grape, it had a top on it that did not fit. She could not find or show this Investigator the syringe used to administer the medication from the 4 oz bottle of Ibuprofen. This Investigator asked ██████████ if she had given ██████████ any Ibuprofen. She reported that she did give ██████████ some about two weeks ago because he was teething. Investigator ██████████ asked ██████████ if she thinks maybe she gave ██████████ too much ibuprofen if she used all of the small bottle of ibuprofen and then used some out of the 4 oz bottle of Ibuprofen. ██████████ stated that ██████████ did not take the entire small bottle because she gave ██████████ some out of the small bottle of Ibuprofen. Investigator ██████████ reminded ██████████ that she stated ██████████ had Ibuprofen two weeks ago and she brought the small bottle on Friday according to her earlier statement. ██████████ said "uhh that's right, I gave ██████████ some two weeks ago but I spilled some of it to". Investigator ██████████ asked ██████████ if she is sure she only gave ██████████ a small amount of ibuprofen at 6am, 12pm and 6 pm with every feeding. ██████████ stated " I brought the bottle on Thursday, 11-

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21-13 and gave [redacted] a little bit at 4am, I stop at the first line on the dropper”, “ Then I gave [redacted] some at 6am, 12pm and 6pm”, “ but I only gave her a little bit”. Investigator [redacted] asked [redacted] if she gave [redacted] a small amount 4 times on Friday, 11-22-13. [redacted] said “no I only gave it to her three times; the first time was at 6am”. Investigator [redacted] asked [redacted] if she had stated that she gave [redacted] some Ibuprofen at 4 am. [redacted] said “that’s right, four times, 4am, 6am, 12pm and 6pm”. “I’m sorry I get confused when I talk really fast”; but you’re right four times on Friday”; “But I didn’t give her that much”. Investigator [redacted] asked [redacted] “you said that when you came home [redacted] was throwing up the medicine. [redacted] corrected Investigator [redacted] “It wasn’t just medicine it was milk too and I gave her a purple Popsicle”. Investigator [redacted] asked [redacted] “did you tell me earlier that it took EMS 10 to 15 minutes to arrive and [redacted] was still throwing up. [redacted] “no she didn’t throw up the entire time and it wasn’t purple it was brown”, “a mixture of medicine and milk”. “Well she had been spitting it up all day”. Investigator [redacted] asked [redacted] “was [redacted] spitting up medicine throughout the day”. [redacted] it was a mixture of medicine and milk”.

On 11-24-13, Investigator [redacted] spoke with neighbor, [redacted] [redacted] [redacted] could not remember the time that [redacted] came over her house but stated that it was 20 minutes prior to [redacted] coming over and saying something was wrong with the baby. [redacted] stated that minutes prior to this instead, [redacted] had told her that the baby had a cold and she had given the baby Ibuprofen. [redacted] reported that she does not know anything else.

If child was hospitalized, describe (in detail) DCS involvement during hospitalization:

The child was not hospitalized.

Describe disposition of body (Death): Child was found in parents bed choking. Child expired on the sofa of the living.

Name of Medical Examiner/Coroner: [redacted] **Was autopsy requested?** No Yes

Did CPS open an investigation on this Death/Near Death? No Yes

Was there DCS involvement at the time of Death/Near Death? No Yes

Type: DEC **Case #:** [redacted]

Describe law enforcement or court involvement, if applicable:

Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim (Near Death) (attach safety plan, if applicable):

Trial home visit was discontinued for the siblings, [redacted] and [redacted] [redacted] Children were removed and placed back in foster care on 11-24-13.

Name: [redacted]	Age: 5
Name: [redacted]	Age: 18 months
Name:	Age:
Name:	Age:
Name:	Age:

Prior DCS involvement with the family. Include dates, type, case #s, allegations, victims, perpetrators (if applicable), and classifications/adjudications (if applicable):

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
9/14/2012	[redacted]	LOS	[redacted]	[redacted]	service recommended
10/2/2012	[redacted]	DEC	[redacted]	[redacted]	service required
02/06/2003	[redacted]	PHA	[redacted]	[redacted]	unfounded
4/23/2003	[redacted]	LOS	[redacted]	[redacted]	AIPU
04/18/2003	[redacted]	LOS	[redacted]	[redacted]	AIPU

Check the “Forms” Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Intake #:	[REDACTED]	Investigation #:	[REDACTED]	Date of Report:	7/20/2013
/ /					
/ /					
Any media inquiry or is attention expected?		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	List organizations requesting information:	
Contact Person/Phone Number(s) (include CM, TL, and TC):					
Contact Person:			Telephone Number: () -		
Case Manager: [REDACTED]			Telephone Number: [REDACTED]		
Team Leader: [REDACTED]			Telephone Number: [REDACTED]		
Team Coordinator: [REDACTED]			Telephone Number: [REDACTED]		
ATTACH a copy of the <u>TFACTS Incident Report</u> or if TFACTS is inoperable, <u>DCS Form CS-0496, Serious Incident Report</u> to this notice.					<input type="checkbox"/> No <input type="checkbox"/> Yes
<p>Email to: [REDACTED]</p> <p>within forty-eight (48) hours of notification</p> <p>Include subject line (in RED): CHILD DEATH [secure email] or</p> <p>CHILD NEAR DEATH [secure email]</p>					



Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 11/24/2013 08:07 AM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 11/24/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 11/25/2013 12:30 PM
First Team Leader Assigned: [REDACTED] Date/Time 11/26/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 11/26/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 3 Mos	Neglect Death	Yes	Unknown Participant [REDACTED], Unknown	None

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address: [REDACTED]
Referent Phone Number: [REDACTED]
Type of Contact: Facsimile
Notification: Letter

Narrative: The child is not in state custody.
There are possible siblings in Case ID [REDACTED] that are in state custody and currently on a Trial Home Visit.

TFACTS:

Family Case ID:
Open [REDACTED]
Closed [REDACTED] and [REDACTED]

Open Court Custody/FSS/FCIP Yes/10-4-2012/Case ID # [REDACTED] Children listed are [REDACTED] and [REDACTED]
Home. FSW is [REDACTED].
Note: TFACTS lists these children as currently on a Trial Home Visit as of 9-6-2013.



**Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary**

Closed Court Custody None found

Open CPS None found

Fatality None found

Indicated: 4-23-2003/Case ID # [REDACTED] LOS [REDACTED] [REDACTED] [REDACTED] Allegation Indicated /
Perpetrator Unfounded

Screened out 0

History (not listed above):

9-14-2012/Case ID # [REDACTED] /LOS/Services Recommended and Accepted

10-2-2012/Case ID # [REDACTED] /DEC/Services Required

2-6-2003/Case ID # [REDACTED] PHA/Unfounded

County: [REDACTED]

Notification: Letter

School: Unknown

Native American Descent: Unknown

Directions: None Given

Reporters name/relationship: [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Reporter states:

The child is not currently in state custody.

Referral copied verbatim as was sent to the Child Abuse Hotline

This will serve as notification that the [REDACTED] County Medical Examiners Office is investigating the death of [REDACTED] (DOB [REDACTED]). This 4 month old infant was found unresponsive on an adult bed at about 2200 hrs on 11/22/13. Paramedics from [REDACTED] Fire Department confirmed asystole at 2245 hrs at [REDACTED] and death was pronounced at 0135 hrs by Inv. [REDACTED] [REDACTED]. A scene investigation was conducted by this office and the [REDACTED] Police Department and the decedents remains were transported to this office for autopsy. The cause/manner of death are pending at this time. The mothers name is [REDACTED] [REDACTED] (DOB [REDACTED], SSN [REDACTED]). The decedent was sleeping on the bed while his father watched tv. Our case is # [REDACTED].

Note: According to TFACTS there may be other children in the home.

Per SDM: Investigative Track / P 1 - [REDACTED] CM 3 on 11-24-2013 at 9:00 A.M.

[REDACTED] paged - Time Issued: 09:00:16 AM

[REDACTED] 11-24-13 09:00:16 AM CST

11-24-13 09:01:16 AM CST

Received

[REDACTED] notified via email.



**Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary**

Participant(s)

Name: [REDACTED]
Gender: Male **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]
SSN: **Race:** **Age:** 1 Yr 3 Mos
Address: [REDACTED] [REDACTED]
Deceased Date:
School/ ChildCare Comments:

Alleged Perpetrator: No
DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]
Gender: Female **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]
SSN: **Race:** **Age:** 34 Yrs
Address:
Deceased Date:
School/ ChildCare Comments:

Alleged Perpetrator: No
DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



**Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary**

Name: Unknown Participant [REDACTED], Unknown

Gender:

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: Unknown Participant [REDACTED] Unknown

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



Tennessee Department of Children's Services
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

A. Investigation

Case Name: [Redacted] Investigation ID: [Redacted]
Referral Date: 11/24/2013 Assignment Date: 11/26/2013
Street Address: [Redacted]
City/State/Zip: [Redacted]

B. Allegation

Table with 9 columns: #, Children's Name, DOB, SSN, Specific Allegation for Each Child, Alleged Perpetrator's Name, DOB, SSN, Classification, Severe Abuse, Classified By, Classified Date. Row 1: 1, [Redacted], [Redacted], [Redacted], Neglect Death, [Redacted], [Redacted], [Redacted], Allegation Substantiated / Perpetrator Substantiated, Yes, [Redacted], 06/13/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: The IL contacted DCS legal and spoke with [Redacted] the decision to remove the remaining two siblings from the home was approved and a motion will be filed to terminate the trial home visit. Lead Investigator [Redacted] was not able to obtain releases of information in order to obtain medical record as requested by the CPIT Team for either parent. 6/4/2014 CPIT convened. This case was reviewed by [Redacted] at the [Redacted] and was determined that charges will be filed on this case. There is sufficient information/evidence to support the opinion that the incident occurred or a harmful situation exists. , the indicated perpetrator named in the report was found to be responsible for Neglect Child Death. Its been d This case manager completed the SDM safety and risk assessments and 740.

D. Case Workers

Case Worker: [Redacted] Date: 06/13/2014
Team Leader: [Redacted] Date: 06/16/2014

E. Investigation Summary

Instruction: Condense the finding rationale for each allegation relative to the child victim(s). Be sure to identify the facts that provided for the classification decision.

Summarize the key points and dates of the child or children's statements and/or the observation of the child or children's physical state or home environment:

Investigator [Redacted] has made contact with the mother and the remaining two children at the family's home. The remaining children were observed by [Redacted] and appear to be injury free. Investigator [Redacted] is reported that the mother's eyes appear to be dilated and it may be a possibility that she is under the influence of something other than the prescribed methadone. I am sending an additional staff person over to have the mother submit to a drug screen. The mother's story is that she thought that [Redacted] had a ear infection, in addition to teething, which caused her to run a fever and become irritable. So, on Friday, 11-22-13, she began giving the child liquid Ibuprofen. The mother states that she gave the child doses at 6a.m., 12 noon,



Tennessee Department of Children's Services
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

Case Name : [REDACTED]

Investigation ID: [REDACTED]

and 6 p.m.

Investigator [REDACTED] asked to view the bottles of the medication and the mother produced one empty bottle of Children's Ibuprofen and one additional bottle that was half empty, all in which had been administered in less than 24 hours. The family states that the child was in the bed with the father as he was watching T.V. and began choking and vomiting up purple stuff (the Ibuprofen is purple in color). The father had to go and get the mother from the neighbor's home and she began CPR and the neighbor call 911. The paramedics came to the home and the child expired while the paramedics were attempting to save the child. I have spoken with C & F TL, [REDACTED] and have made her aware of the current situation as the remaining children are in DCS care and are currently on Trial Home Visit with the mother

Summarize professional, medical or psychological findings or opinions: What is the collateral's oral or written finding/opinion of the incident(s)/allegation(s)?

This Lead Investigator received the results of [REDACTED] autopsy report from Investigator, [REDACTED]. The results of the report show that the cause of death is Acetaminophen Toxicity, and the contributory Cause of Death is diphenhydramine toxicity; otitis media; bronchiolitis; and dehydration. The results of the autopsy have been forwarded to the [REDACTED]. This report will also be presented to the CPIT. CPSI gave [REDACTED] a drug screen. [REDACTED] tested positive for methadone. She is current a patient at the methadone clinic due to addition to Xanax per [REDACTED]. [REDACTED] was negative for all other drugs.

Summarize alleged perpetrator's statement or admission: What is the perpetrator's explanation of the incident(s)/allegation(s)?

The mother, [REDACTED] reported that on 11-22-13 4 month old baby; [REDACTED] was teething and had ear infection because she was pulling on her left ears. She stated that she gave [REDACTED] some Ibuprofen at 6am, 12pm and 6 pm. Last feeding was at 7:30 pm. Threw up 30 minutes later. Cleaned her mouth and nose and she was fine. [REDACTED] was on a pillow at the foot of bed and father, [REDACTED] was at the head of the bed watching TV. Father, speaks Spanish but mother translated that he reported baby started to choke so he ran next door to get [REDACTED]. [REDACTED] reported that she had been at the neighbors house for about an hour and a half. [REDACTED] stated that she and neighbor came to the house. [REDACTED] moved the baby from the bed to sofa in living room and told neighbor to call 911 and she started CPR. [REDACTED] stated that baby was choking and had purple stuff coming out of her mouth and nose. She stated that she used a suction to try to remove fluids from baby mouth but could not get it all. She reported EMS took 10 to 15 to arrive. [REDACTED] stated that she worked on baby the entire time and when EMS arrived the baby was still choking and throwing up purple stuff. [REDACTED] stated that she believes the purple stuff was the medicine, milk and a purple Popsicle she gave baby to help with teething.

[REDACTED] stated that she brought a small bottle (0.5 maybe) of Ibuprofen flavored grape on Friday for [REDACTED] teething and ear infection and when she ran out she used another bottle of Ibuprofen that belonged to [REDACTED] (19 month). [REDACTED] showed this CPSI the second bottle of Ibuprofen 4oz flavored grape, it had a top on it that did not fit. She could not find or show this CPSI the syringe used to administer the medication from the 4 oz bottle of Ibuprofen. CPSI asked [REDACTED] if she had given [REDACTED] any Ibuprofen. She reported that she did give [REDACTED] some about two weeks ago because he was teething. CPSI asked [REDACTED] if she thinks maybe she gave [REDACTED] too much ibuprofen if she used all to the small bottle of ibuprofen and then used some out of the 4 oz bottle of ibuprofen. [REDACTED] stated that [REDACTED] did not take the entire small bottle because she gave [REDACTED] some out of the small bottle of Ibuprofen. CPSI reminded [REDACTED] that she stated [REDACTED] had ibuprofen two weeks ago and she brought the small bottle on Friday according to her earlier statement. [REDACTED] said uhh thats right, I gave [REDACTED] some two weeks ago but I spilled some of it to. CPSI asked [REDACTED] if she is sure she only gave [REDACTED] a small amount of ibuprofen at 6am, 12pm and 6 pm with every feeding. [REDACTED] stated I brought the bottle on Thursday, 11-21-13 and gave [REDACTED] a little bit at 4am, I stop at the first line on the dropper, Then I gave [REDACTED] some at 6am, 12pm and 6pm, but I only gave her a little bit.

Summarize witnesses' descriptions of what they saw and what they believe indicates child abuse/neglect:

The Department received a referral on November 24, 2013 08:07 alleging Neglect Death of [REDACTED] (4 months old). The alleged perpetrator is reported as Unknown. The children, [REDACTED] (age 3) and [REDACTED]



Tennessee Department of Children's Services
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

Case Name : [REDACTED]

Investigation ID: [REDACTED]

(Unknown, age 1) live with their mother, [REDACTED] and father, [REDACTED] (Unknown last name). This will serve as notification that the [REDACTED] Medical Examiners Office is investigating the death of [REDACTED] (DOB [REDACTED]). This 4 month old infant was found unresponsive on an adult bed at about 2200 hrs on 11/22/13. Paramedics from [REDACTED] Fire Department confirmed as stole at 2245 hrs at [REDACTED] and death was pronounced at 0135 hrs by Inv. [REDACTED]. A scene investigation was conducted by this office and the [REDACTED] Police Department and the decedents remains were transported to this office for autopsy. The cause/manner of death is pending at this time. The mothers name is [REDACTED] (DOB [REDACTED], SSN [REDACTED]). The decedent was sleeping on the bed while his father watched tv. [REDACTED] PD case is # [REDACTED].

Summarize any other evidence or factors that support the investigative finding(s) for the allegation(s) of abuse/neglect:

Continued perpetrator statement.....CPSI asked [REDACTED] if she gave [REDACTED] a small amount 4 times on Friday, 11-22-13. [REDACTED] said no I only gave it to her three times; the first time was at 6am. CPSI asked [REDACTED] if she had stated to CPSI that she gave [REDACTED] some ibuprofen at 4 am. [REDACTED] said thats right, four times, 4am, 6am, 12pm and 6pm. Im sorry I get confused when I talk really fast; but youre right four times on Friday; But I didnt give her that much. CPSI asked [REDACTED] you said that when you came home [REDACTED] was throwing up the medicine. [REDACTED] corrected CPSI It wasnt just medicine it was milk too and I gave her a purple Popsicle. CPSI asked [REDACTED] did you tell me earlier that it took EMS 10 to 15 minutes to arrive and [REDACTED] was still throwing up. [REDACTED] no she didnt throw up the entire time and it wasnt purple it was brown, a mixture of medicine and milk. Well she had been spitting it up all day. CPSI asked [REDACTED] was [REDACTED] spitting up medicine throughout the day. [REDACTED] it was a mixture of medicine and milk. -CPSI talk with neighbor, [REDACTED]. [REDACTED] could not remember the time that [REDACTED] came over her house but stated that it was 20 minutes prior to [REDACTED] coming over and saying something was wrong with the baby. [REDACTED] stated that minutes prior to this insisted [REDACTED] had told her that the baby had a cold and she had given the baby Ibuprofen. [REDACTED] reported that she does not know anything else.

CPSI telephoned neighborhood pharmacy to ask how much ibuprofen should be given to a 4 month old. CPSI was informed that babies should receive ibuprofen until 6 months of age of if hospitalized and under a physician care. Babies under 6 months of age should receive Tylenol for teething. It was reported if a child under 6 months of age is given a small bottle ibuprofen (0.5) and some of a 4oz bottle of ibuprofen in a 24 hr period, poison control should be CR notified or child should be transported to the hospital.

Observation: The children were in the bed room watching television. CPSI had to step out of the home a few times to call TL, [REDACTED] for updated information. The first time that CPSI returned into the home to give [REDACTED] a drug screen. [REDACTED] right nostril was bleeding. [REDACTED] stated that she just scratched her nose and it started to bleed. [REDACTED] reported that she had scratched the inside of her nose. The second time that CPSI return into the home to inform [REDACTED] that the children would come back into custody. [REDACTED] had poured bleach on the floor living and dining room. The bleach was so strong that CPSI nose and eyes were burning. [REDACTED] apology and said she was just mopping. CPSI had to excuse herself out of the home due to the strong odor of bleach, the children where in the back room.

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District Attorney in Severe Child Abuse Cases
Regional Supervising Attorney



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/16/2014

Contact Method:

Contact Time: 04:47 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/16/2014

Completed date: 06/16/2014

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 06/16/2014 04:51 PM Entered By: [REDACTED]

This CPS/CPIT investigation has been completed by CPSI [REDACTED] and [REDACTED]. I have completed my review of this case and all investigative tasks have been completed.

On 6/4/20, the case was presented to the CPIT Team and they made a collective decision and the allegation of Neglect Death was classified as substantiated. ADA [REDACTED] was present.

Due to the allegation of Neglect Death, this case has been submitted to [REDACTED] for further review. Upon RID [REDACTED] approval for closure, a classified CS-740 will be sent to Juvenile Court for notification to the Judge and the DA.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/16/2014 Contact Method:
 Contact Time: 04:25 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/16/2014
 Completed date: 06/16/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 06/16/2014 04:26 PM Entered By: [REDACTED]

A Departmental background check was completed. [REDACTED] does have a history with the Department.
 On 2/4/03, the allegation of Physical Abuse. the alleged child victims were [REDACTED] and [REDACTED]. The alleged perpetrator was [REDACTED]. The case was classified as AUPU.
 On 4/23/03, Investigation # [REDACTED] allegations of Lack of Supervision. The alleged child victims were [REDACTED] and [REDACTED]. The alleged perpetrators were [REDACTED] and [REDACTED]. The case was classified as ASPS.
 On 9/12/12, investigation # [REDACTED] with allegations of Lack of Supervision. The alleged victim was [REDACTED]. The alleged perpetrator was [REDACTED]. The case was classified as Services Recommended and Accepted.
 On 10/1/12, investigation # [REDACTED], the allegation was drug exposed Child. The alleged child victim was [REDACTED]. The alleged perpetrator was [REDACTED]. The case was classified as Services Required.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/16/2014 Contact Method:
 Contact Time: 04:17 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/16/2014
 Completed date: 06/16/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 06/16/2014 04:25 PM Entered By: [REDACTED]

Criminal background checks were completed using the following websites: JSSI, sex offender, meth, and TN Felony.
 [REDACTED] had the following charges: 2014-driving while license s/r/c times 2; 2012-driving while license s/r/c; 2011-driving while license s/r/c. [REDACTED] does not have any current charges. However, he is currently on parole from 9/16/2004 until 4/3/2017.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/15/2014

Contact Method:

Contact Time: 06:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/15/2014

Completed date: 06/15/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 06/15/2014 07:32 PM Entered By: [REDACTED]

The Department received a referral on November 24, 2013 08:07 alleging Neglect Death of [REDACTED] (4 months old). The alleged perpetrator is reported as Unknown. The children, [REDACTED] (age 3) and [REDACTED] (Unknown, age 1) live with their mother, [REDACTED], and father, [REDACTED] (Unknown last name). This will serve as notification that the [REDACTED] County Medical Examiners Office is investigating the death of [REDACTED] (DOB [REDACTED]). This 4 month old infant was found unresponsive on an adult bed at about 2200 hrs on 11/22/13. Paramedics from [REDACTED] Fire Department confirmed as stole at 2245 hrs at [REDACTED] and death was pronounced at 0135 hrs by Inv. [REDACTED]. A scene investigation was conducted by this office and the [REDACTED] Police Department and the decedents remains were transported to this office for autopsy. The cause/manner of death is pending at this time. The mothers name is [REDACTED] (DOB [REDACTED] SSN [REDACTED]). The decedent was sleeping on the bed while his father watched tv. [REDACTED] case is # [REDACTED].

Lead Investigator [REDACTED] received the autopsy report on [REDACTED] with the cause of death as Acetaminophen Toxicity. The official cause of death is noted on the autopsy as Diphenhydramine Toxicity, Otitis Media; Bronchiolitis; Dehydration. During the investigation, the mother had conflicting statements about the medication she gave to [REDACTED] which she stated she administered Motrin, but could not produce evidence. The child's father who is also Hispanic found [REDACTED] unresponsive and went next door to his mother's home to call 911.

Note: On 2/28/2014 it was determined by the CPIT Team that further information is needed:

-Add if the client was under the care of a physician

-If so the medical records are needed to determine if the child was sick and if so what directives were given in terms of medication.

Case initially assigned to [REDACTED] who has been on sick leave for several months.

CPSI [REDACTED] and Lead Investigator [REDACTED] attempted to contact the birth parents and the address and telephone number provided but the family had moved from the address reported [REDACTED]. LI [REDACTED] was able to speak with the birth mother [REDACTED] on 3/19/2014 and a home visit with birth parents was scheduled for 3/25/2014 at 11 am in an effort to obtain a statement from the birth father and signatures for release of information. Later on 3/19/2014 [REDACTED] called to cancel stating that the department would have to speak with both her and her husband's attorney in order to meet with either of them. After several emails and telephones, the parents, parents attorneys, DCS attorney [REDACTED] and investigative staff was able to agree on a date scheduled for April 29th 2014 at the family home located at [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Note: CPSI obtained interpreter services by [REDACTED] [REDACTED] but the attorneys for the parents did not approved therefore CPS had to wait for foster care to request a PSG (fiscal) for an alternative interpreter service provider for the family as they are the only ones that have an open case on the surviving children for the family. A PSG can not be submitted for the deceased April 29th, 214 the birth parents canceled the appointment through their attorneys due to conflicting work schedules.

Lead Investigator [REDACTED] was not able to obtain releases of information in order to obtain medical record as requested by the CPIT Team for either parent.

6/4/2014 CPIT convened. This case was reviewed by [REDACTED] [REDACTED] at the [REDACTED] [REDACTED] [REDACTED] and was determined that charges will be filed on this case.

NEGLECT DEATH:

DCS Policy defines any child death that is the result of the caretakers failure to meet childcare responsibilities.

There is sufficient information/evidence to support the opinion that the incident occurred or a harmful situation exists. , the indicated perpetrator named in the report was found to be responsible for Neglect Child Death. This case manager completed the SDM safety and risk assessments and 740.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/05/2014

Contact Method: Phone Call

Contact Time: 10:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/05/2014

Completed date: 06/05/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 06/05/2014 10:41 AM Entered By: [REDACTED]

This Program Coordinator contacted the Social Services Team Leader, [REDACTED] regarding the whereabouts and cooperation of the mother, [REDACTED]. This PC explained to [REDACTED] that the Investigations team has been unable to locate the family at this time as several attempts have been made without success. [REDACTED] reported that the family has also terminated any contact with the Department regarding her two remaining children those children remain in DCS custody at this time. [REDACTED] stated that if the mother contacts the Family Service Worker with contact information, the information will be forwarded to the Investigation team.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/04/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 07/01/2014

Completed date: 07/01/2014

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): CPIT (Child Protective Investigative Team)

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 07/01/2014 09:15 AM Entered By: [REDACTED]

The case of [REDACTED] was staffed in CPIT this morning. At that time, it was determined charges would be filed and the case would be substantiated against the mother, [REDACTED] concerning the allegation of Neglect Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/27/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 07/01/2014

Completed date: 07/01/2014

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): CPIT (Child Protective Investigative Team)

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 07/01/2014 10:38 AM Entered By: [REDACTED]

The case of [REDACTED] was reviewed in CPIT today. The team deferred the decision to [REDACTED] ADA, concerning prosecution. The autopsy and DCS's Handle and Return was forwarded to [REDACTED] for a decision.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/23/2014

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/01/2014

Completed date: 07/01/2014

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 07/01/2014 10:49 AM Entered By: [REDACTED]

The Department was unable to obtain medical records for [REDACTED] [REDACTED] due to the mother, [REDACTED] not being cooperative with the Department. Releases of information were not signed as well as the initial packet.

NOTE: The Department does have copies of [REDACTED] and [REDACTED] well child visits, but that is due to the fact, they are currently in the custody of the State of Tennessee.



**Tennessee Department of Children's Services
Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Created In Error
Contact Date:	04/29/2014	Contact Method:	Attempted Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	05/20/2014
Completed date:	05/30/2014	Completed By:	TFACTS, Person Merge
Purpose(s):	Permanency,Safety - Child/Community,Service Planning		
Contact Type(s):	Alleged Perpetrator Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type:	Original	Entry Date/Time:		Entered By:	
Narrative Type:	Created In Error	Entry Date/Time:	06/16/2014 10:35 AM	Entered By:	[REDACTED]

Please disregard this recording.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/29/2014 Contact Method: Attempted Face To Face
 Contact Time: 09:00 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 06/16/2014
 Completed date: 06/16/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 06/16/2014 10:35 AM Entered By: [REDACTED]

This Program Coordinator, along with DCS General Counsel, [REDACTED] and attorney, [REDACTED] attempted a home visit to the address provided for the family at [REDACTED]. Upon arriving at the home and presenting at the door, there appeared to be no one at the home as the knocks were unanswered. While at the home, this PC attempted to contact the telephone number for the mother, [REDACTED] and was unable to get anyone to answer. While leaving the home, a neighbor approached this PC and stated that the family has been going from that address for more than 1 week and no activity has been seen on the property.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/19/2014

Contact Method:

Contact Time: 12:40 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/28/2014

Completed date: 04/28/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/28/2014 05:47 PM Entered By: [REDACTED]

3/19/2014 TL [REDACTED] received a telephone call from [REDACTED] reporting that shes been advised not to meet with anyone from the department unless her attorney is present.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/19/2014	Contact Method:	Attempted Face To Face
Contact Time:	10:45 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/28/2014
Completed date:	04/28/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/28/2014 05:46 PM Entered By: [REDACTED]

3/19/2014 CPSI received telephone message from the birth mother [REDACTED] in an attempt to return this CPSI call. TL [REDACTED] spoke with [REDACTED] and she reported that her new home address is [REDACTED]. [REDACTED] scheduled an appointment for the Department to meet with her and interview the birth father [REDACTED] on 3/25/2014 at 11 am.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/19/2014

Contact Method: Attempted Face To Face

Contact Time: 09:15 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 04/28/2014

Completed date: 04/28/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/28/2014 05:45 PM Entered By: [REDACTED]

3/19/2014 9 am CPSI made unsuccessful face to face contact with family at [REDACTED] CPSI observed the home to be unoccupied. CPSI could see directly into the home and the home was observed to be completely empty. CPSI took photos of the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/18/2014

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/28/2014

Completed date: 04/28/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/28/2014 05:36 PM Entered By: [REDACTED]

3/18/2014 CPSI [REDACTED] (previous CPSI [REDACTED] [REDACTED] was a given directive from TL [REDACTED] [REDACTED] contact the birth parents in an effort to schedule a time to interview the birth parents.

CPSI made unsuccessful telephone contact with family with telephone contact with family at the telephone provided in case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/28/2014	Contact Method:	Correspondence
Contact Time:	10:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/21/2014
Completed date:	04/21/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/21/2014 10:21 AM Entered By: [REDACTED]

The Autopsy report regarding [REDACTED] was presented during the morning CPIT review. The CPIT team requested the following information be gathered and brought back for review:

The child's history from the PCP

Was the child sick?

Was the mother directed to give the child medication?

Who's care was the child under?

Any additional medical records/history



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/27/2014	Contact Method:	
Contact Time:	11:55 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	02/27/2014
Completed date:	02/27/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/27/2014 12:05 PM Entered By: [REDACTED]

This Lead Investigator received the results of [REDACTED] [REDACTED] autopsy report from Investigator, [REDACTED] [REDACTED]. The results of the report show that the cause of death is Acetaminophen Toxicity, and the contributory Cause of Death is diphenhydramine toxicity; otitis media; bronchiolitis; and dehydration. This results of the autopsy have been forwarded to the RGC, [REDACTED] [REDACTED]. This report will also be presented to the CPIT.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/25/2013

Contact Method:

Contact Time: 03:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/26/2013

Completed date: 11/26/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 11/26/2013 04:19 PM Entered By: [REDACTED]

Case Assignment

On November 24, 2013 at 8:07 a.m. a P-1 referral was called into Central Intake. The referral was screened into [REDACTED] County @ 9:00 a.m. C.S.T. with the allegations of Neglect Death. The alleged victim is [REDACTED]. The alleged perpetrator is listed as Unknown. The referral was assessed and assigned by TL [REDACTED] on 11-25-13 to Investigator, [REDACTED]. Response time is due by 11-25-13 by 8:07 a.m. C.S.T. It is unknown at this time if the child(ren) are of Native American descent. The referent letter was mailed on 11-27-13. Juvenile Court and the District Attorney are notified of referrals and classification within 7 days per local protocol and policy. The FSW will contact the referent within 30 days.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/24/2013

Contact Method:

Contact Time: 10:15 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/26/2013

Completed date: 11/26/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 11/26/2013 10:30 AM Entered By: [REDACTED]

The following information was emailed to the IC and forwarded to the RID regarding the status of this case:

Investigator [REDACTED] has made contact with the mother and the remaining two children at the family's home. The remaining children were observed by [REDACTED] and appear to be injury free. Investigator [REDACTED] is reported that the mother's eyes appear to be dilated and it may be a possibility that she is under the influence of something other than the prescribed methadone. I am sending an additional staff person over to have the mother submit to a drug screen. The mother's story is that she thought that [REDACTED] had a ear infection, in addition to teething, which caused her to run a fever and become irritable. So, on Friday, 11-22-13, she began giving the child liquid Ibuprofen. The mother states that she gave the child doses at 6a.m., 12 noon, and 6 p.m. Investigator [REDACTED] asked to view the bottles of the medication and the mother produced one empty bottle of Children's Ibuprofen and one additional bottle that was half empty, all in which had been administered in less than 24 hours. The family states that the child was in the bed with the father as he was watching T.V. and began choking and vomiting up purple stuff (the Ibuprofen is purple in color). The father had to go and get the mother from the neighbor's home and she began CPR and the neighbor call 911. The paramedics came to the home and the child expired while the paramedics were attempting to save the child. I have spoken with C & F TL, [REDACTED] and have made her aware of the current situation as the remaining children are in DCS care and are currently on Trial Home Visit with the mother.

The IL contacted DCS legal and spoke with RGC, [REDACTED] the decision to remove the remaining two siblings from the home was approved and a motion will be filed to terminate the trial home visit.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/24/2013 Contact Method: Face To Face
 Contact Time: 10:00 AM Contact Duration: More than 5 Hours
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 11/25/2013
 Completed date: 12/03/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation,Initial ACV Face To Face,Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 12/03/2013 12:11 PM Entered By: [REDACTED]

11-24-13

CPSI received a P-1 referral with allegation of neglect death of [REDACTED] (4 months). It was reported that on 11-22-13, [REDACTED] was sleeping on the bed with her father, [REDACTED] watching TV. It was also stated that [REDACTED] and [REDACTED] are in the custody of Department of Childrens Services. They started a trial home visit started on 9-6-13. FSW is [REDACTED]

CPSI made an initial home visit at [REDACTED]

ACV-[REDACTED]
 AP-[REDACTED]
 Father, [REDACTED]
 Mother, [REDACTED] DOB: [REDACTED] and SS# [REDACTED]

The mother, [REDACTED] reported that on 11-22-13 4 month old baby, [REDACTED] was teeth and had ear infection because she was pulling on her left ears. She stated that she gave [REDACTED] some Ibuprofen at 6am, 12pm and 6 pm. Last feeding was at 7:30 pm. Threw up 30 minutes later. Cleaned her mouth and nose and she was fine. [REDACTED] was on a pillow at the foot of bed and father, [REDACTED] was at the head of the bed watching TV. Father, speaks Spanish but mother translated that he reported baby started to choke so he ran next door to get [REDACTED] reported that she had been at the neighbors house for about an hour and a half. [REDACTED] stated that she and neighbor came to the house. [REDACTED] moved the baby from the bed to sofa in living room and told neighbor to call 911 and she started CPR. [REDACTED] stayed that baby was choking and had purple stuff coming out of her mouth and nose. She stated that she used a suction to try to remove fluids from baby mouth but could not get it all. She reported EMS took 10 to 15 to arrive. [REDACTED] stated that she worked on baby the entire time and when EMS arrived the baby was still choking and throwing up purple stuff. [REDACTED] stated that she believes the purple stuff was the medicine, milk and a purple Popsicle she gave baby to help with teething.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] stated that she brought a small bottle (0.5 maybe) of Ibuprofen flavored grape on Friday for [REDACTED] teething and ear infection and when she ran out she used another bottle of Ibuprofen that belonged to [REDACTED] (19 month). [REDACTED] Showed this CPSI the second bottle of Ibuprofen 4oz flavored grape, it had a top on it that did not fit. She could not find or show this CPSI the syringe used to administer the medication from the 4 oz bottle of Ibuprofen. CPSI asked [REDACTED] if she had given [REDACTED] any Ibuprofen. She reported that she did give [REDACTED] some about two weeks ago because he was teething. CPSI asked [REDACTED] if she thinks maybe she gave [REDACTED] too much ibuprofen if she used all to the small bottle of ibuprofen and then used some out of the 4 oz bottle of ibuprofen. [REDACTED] stated that [REDACTED] did not take the entire small bottle because she gave [REDACTED] some out of the small bottle of Ibuprofen. CPSI reminded [REDACTED] that she stated [REDACTED] had ibuprofen two weeks ago and she brought the small bottle on Friday according to her earlier statement. [REDACTED] said uhh thats right, I gave [REDACTED] some two weeks ago but I spilled some of it to. CPSI asked [REDACTED] if she is sure she only gave [REDACTED] a small amount of ibuprofen at 6am, 12pm and 6 pm with every feeding. [REDACTED] stated I brought the bottle on Thursday, 11-21-13 and gave [REDACTED] a little bit at 4am, I stop at the first line on the dropper, Then I gave [REDACTED] some at 6am, 12pm and 6pm, but I only gave her a little bit. CPSI asked [REDACTED] if she gave [REDACTED] a small amount 4 times on Friday, 11-22-13. [REDACTED] said no I only gave it to her three times; the first time was at 6am. CPSI asked [REDACTED] if she had stated to CPSI that she gave [REDACTED] some ibuprofen at 4 am. [REDACTED] said thats right, four times, 4am, 6am, 12pm and 6pm. Im sorry I get confused when I talk really fast; but youre right four times on Friday; But I didnt give her that much. CPSI asked [REDACTED] you said that when you came home [REDACTED] was throwing up the medicine. [REDACTED] corrected CPSI It wasnt just medicine it was milk too and I gave her a purple Popsicle. CPSI asked [REDACTED] did you tell me earlier that it took EMS 10 to 15 minutes to arrive and [REDACTED] was still throwing up. [REDACTED] no she didnt throw up the entire time and it wasnt purple it was brown, a mixture of medicine and milk. Well she had been spitting it up all day. CPSI asked [REDACTED] was [REDACTED] spitting up medicine throughout the day. [REDACTED] it was a mixture of medicine and milk.

CPSI gave [REDACTED] a drug screen. [REDACTED] tested positive for methadone. She is current a patient at the methadone clinic due to addition to Xanax per [REDACTED] was negative for all other drugs.

TL, [REDACTED] called and stated that [REDACTED] and [REDACTED] would be placed back in foster home. He also stated an on call FSW would come to home to transport children.

CPSI informed [REDACTED] that an autopsy would be done on [REDACTED] but the children would have to come back into custody pending this investigation. CPSI informed [REDACTED] that an FSW would arrive to take the children back to foster care. CPSI asked [REDACTED] if she could get the children clothes together, medicine, special toys or blanket that maybe needed. [REDACTED] and [REDACTED] began to cry. CPSI stated that CPSI would wait on the FSW outside to allow [REDACTED] sometime with her children. [REDACTED] was sitting in rocking recliner, rocking back and forth. [REDACTED] asked CPSI if she would come back home in 3 days. CPSI told [REDACTED] that CPSI did not know but asked her to be a big girl for her little brother, [REDACTED]

When FSW, [REDACTED] arrived on the scene so did [REDACTED] sister (name unknown). The sister pulled in front of CPSI's truck, waving her hands and yelling at CPSI. The sister then went into the home. The sister exits the home very irate, rapidly and yelling when she approached CPSI driver side door. CPSI crack the window and the sister began to yell that CPSI was not taking the kids anywhere. CPSI asked the sister to step away from the truck or CPSI would call the police. The sister then ran into the house and came out pulling the children and putting them in her car. This residence was on a one way in and one way out street. CPSI drove the truck to the end of the street and blocked the street with the truck. CPSI telephoned [REDACTED] Police Department. When the police arrived they went into the home and brought the children to the truck. The children were transported to [REDACTED] place in [REDACTED] TN.

CPSI talk with neighbor, [REDACTED], [REDACTED] could not remember the time that [REDACTED] came over her house but stated that it was 20 minutes prior to [REDACTED] coming over and saying something was wrong with the baby. [REDACTED] stated that minutes prior to this insisted [REDACTED] had told her that the baby had a cold and she had given the baby Ibuprofen. [REDACTED] reported that she does not know anything else.

CPSI telephoned neighborhood pharmacy to ask how much ibuprofen should be given to a 4 month old. CPSI was informed that babies should receive ibuprofen until 6 months of age of if hospitalized and under a physician care. Babies under 6 months of age should receive Tylenol for teething. It was reported if a child under 6 months of age is given a small bottle ibuprofen (0.5) and some of a 4oz bottle of ibuprofen in a 24 hr period, poison control should be



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

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notified or child should be transported to the hospital.

Observation: The children were in the bed room watching television. CPSI had to step out of the home a few times to call TL, [REDACTED] for updated information. The first time that CPSI returned into the home to give [REDACTED] a drug screen. [REDACTED] right nostril was bleeding. [REDACTED] stated that she just scratched her nose and it started to bleed. [REDACTED] reported that she had scratched the inside of her nose. The second time that CPSI return into the home to inform [REDACTED] that the children would come back into custody. [REDACTED] had poured bleach on the floor living and dining room. The bleach was so strong that CPSI nose and eyes were burning. [REDACTED] apology and said she was just mopping. CPSI had to excuse herself out of the home due to the strong odor of bleach, the children where in the back room. When CPSI exit the house, CPSI was kicking water as it stood in the front of the door. CPSI observed that the bottle of CPSIs brown pants were not white.

[REDACTED]
Child Protective Services Investigator III

[REDACTED]
Office
Fax



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/24/2013

Contact Method:

Contact Time: 09:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/26/2013

Completed date: 11/26/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 11/26/2013 10:25 AM Entered By: [REDACTED]

The following information was emailed to the IC and RID regarding the status of this fatality case:

This fatality has been assigned to [REDACTED]. [REDACTED] has made it to the family's home located at [REDACTED]. Only the father is currently at the home and is stating that he speaks limited English. Searches in TFACTS show that the mother has two other children that are currently on Trial Home Visit, and the FSW is [REDACTED]. I've contacted on-call Foster Care supervisor, [REDACTED] to make her aware of the situation and to also find out how [REDACTED] communicates with the family.

According to [REDACTED] case recordings, [REDACTED] was born with methadone in her system due to the mother [REDACTED] receiving methadone treatments. [REDACTED] is on location and we will use [REDACTED] PD, if necessary, to get initial translations to determine the whereabouts of the remaining two children.